

Patient Placement for Level 3.5 (Admission) Clinically Managed Intensive Residential Treatment

Patient Name: _____ Date: _____

Patient meets _____ of DSM IV Criteria for _____

Person Filling Out Form: _____ Title: _____

_____ Emotional Behavioral Complications

Indicate symptoms that warrant further evaluation or that preclude outpatient treatment.

_____ Readiness for Change

The patient is unable to perceive the severity of his/her problems without 24 hour intervention as evidenced by:

_____ Continued Use Potential

Please indicate severity of craving, triggers, or issues that preclude outpatient treatment.

_____ Recovery Environment

Indicate current living arrangements, vocation/employment and describe why current environment is unsupportive of outpatient treatment.